

ORDER FORM
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
LICENSURE RELATED DOCUMENTS

*ADVANCED PRACTICE REGISTERED NURSE
CERTIFIED REGISTERED NURSE ANESTHETIST
CERTIFIED NURSE MIDWIFE*

The following documents can be ordered through the Division's contract testing agency, Experior at the address listed below. There is a fee of \$7.50 (includes sales tax) by mail or phone order. Make all checks payable to Experior. Visa and MasterCard are accepted.

1. *Division of Occupational and Professional Licensing Act*
2. *General Rules of the Division of Occupational and Professional Licensing*
3. *Nurse Practice Act*
4. *Nurse Practice Act Rules*
5. *Health Care Providers Immunity from Liability Act*
6. *Nurse Midwife Practice Act*
7. *Nurse Midwife Practice Act Rules*

Please contact:



Experior
5486 South 1900 West, Suite C
Taylorsville, Utah 84118
(801) 355-5009
FAX (801) 355-4008(credit card orders only)

Please provide the following information. Send this portion of the order form with payment for \$7.50 (includes Utah Sales Tax) in the enclosed envelope to receive the above listed documents. **(Do not mail cash.) All sales are final.**

**ADVANCED PRACTICE REGISTERED NURSE
CERTIFIED REGISTERED NURSE ANESTHETIST
CERTIFIED NURSE MIDWIFE (2)**

Name _____

Mailing Address _____

Daytime Phone Number _____ - _____ - _____

_____ Check _____ Money Order _____ Visa _____ MasterCard

Credit Card # _____ Exp. date _____

Signature _____ Date _____

(Required for credit card orders)

